



National  
Aeronautics and  
Space  
Administration

# Evaluation of Employee Suggestion

The attached suggestion appears related to the function of your office. Your cooperation is needed to ensure this suggestion receives fair appraisal, and that it be adopted if it is considered worthwhile. To achieve this, please:

- (1) Have an appropriate person evaluate this suggestion.
- (2) Take the necessary steps to have this suggestion adopted, if the evaluation is favorable.
- (3) Return the evaluation and notice of action to the Employee Suggestion Coordinator.

SUGGESTION NUMBER

DATE FORWARDED

DATE REPLY DUE

1. DO YOU RECOMMEND ADOPTION OF THIS SUGGESTION? ☐ YES ☐ NO

IF YES, COMPLETE THE FOLLOWING:

☐ THIS SUGGESTION WAS ADOPTED OR WILL BE ADOPTED ON \_\_\_\_\_.

ACTION BY \_\_\_\_\_ IS NECESSARY BEFORE THIS SUGGESTION CAN BE ADOPTED.

IF NO, EXPLAIN WHY IN THE SPACE BELOW. (If additional space is required, continue on blank sheet of paper and attach.)

2. IN YOUR OPINION, DOES THIS SUGGESTION COME WITHIN THE SCOPE OF THE SUGGESTER'S JOB RESPONSIBILITIES?

☐ YES ☐ NO ☐ CANNOT DETERMINE

3. IF YOU BELIEVE ADOPTION OF THIS SUGGESTION WILL RESULT IN **TANGIBLE SAVINGS**, PLEASE FURNISH THE FOLLOWING:

ESTIMATED COST USING OLD METHOD: \_\_\_\_\_ ESTIMATED COST USING ADOPTED SUGGESTION: \_\_\_\_\_ ESTIMATED COST TO PUT IDEA INTO EFFECT: \_\_\_\_\_

4. IF YOU BELIEVE ADOPTION WILL RESULT IN **INTANGIBLE SAVINGS**, PLEASE CHECK THE APPROPRIATE BOX BELOW:

## VALUE OF BENEFIT

☐ MODERATE (A limited improvement to the value of a product, activity, program, or a modification of an operating procedure.)

☐ SUBSTANTIAL (An important improvement to the value of a product, major activity, program, or sizable change of an operating procedure.)

☐ HIGH (A highly significant improvement in the quality of a critical product, major activity, program, or a complete revision of an operating procedure.)

☐ EXCEPTIONAL (A superior improvement in the quality of a critical product, major activity, program, or initiation of a major new operating procedure.)

## EXTENT OF APPLICATION

☐ LIMITED (Affects functions, mission, or personnel of one office, facility or organization. Affects a small area of science or technology.)

☐ EXTENSIVE (Affects functions, mission, or personnel of several offices or facilities. Affects an important area of science or technology.)

☐ BROAD (Affects functions, mission, or personnel of several NASA centers or has NASA-wide application. Affects a broad area of science or technology.)

☐ GENERAL (Affects functions, mission, or personnel of several government agencies, has government-wide application, or is in the public interest throughout the Nation or beyond.)

TITLE

SIGNATURE

DATE